



33931

PATENT TRADEMARK OFFICE

PATENT 3765  
Attorney Docket No.: CSI-2016CP1

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

## CERTIFICATE OF MAILING BY "FIRST CLASS MAIL"

I hereby certify that this paper and the accompanying documents are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on March 21, 2003.

Harry Macey

In re Application of:

Ainsworth, et al.

Serial No.: 09/847,947

Filing Date: May 2, 2001

Title: SELF-CLOSING SURGICAL CLIP  
FOR TISSUE

Examiner: R. Lindsey

Group Art Unit: 3765

## TRANSMITTAL

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

RECEIVED

MAR 28 2003

TECHNOLOGY CENTER R3700

Transmitted herewith are the following:

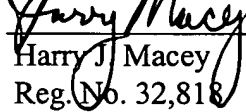
1. Amendment Fee Transmittal (1 pg)
2. Supplemental Amendment (15 pgs)
3. Supplemental Information Disclosure Statement (3 pgs)
4. Form PTO-1449 (1 pg) and all cited references
5. A check in the amount of \$180.00 to cover the following fees:
  - a. Supplemental Information Disclosure Statement Fee
6. Return Post Card

☐ Authorization to charge the \_\_\_\_\_ is provided on the \_\_\_\_\_.☐ The Commissioner is hereby authorized to charge any fees required by this document to Deposit Account No. 50-1947 referencing Attorney Docket No. \*. A duplicate copy of this sheet is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 50-1947, referencing Attorney Docket No. CSI-2016CP1.

Respectfully submitted,

Date: March 21, 2003

By:   
Harry J. Macey  
Reg. No. 32,818  
Attorney for Applicant

LAW OFFICE OF HARRY J. MACEY  
1301 Shoreway Road, Suite 121  
Belmont, CA 94002-4106  
Telephone: 650.654.9555  
Facsimile: 650.654.9554



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## FEE TRANSMITTAL FOR CLAIMS AS AMENDED

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

Extra claims fees have been calculated as follows:

	(Col. 1)		(Col. 2)	(Col. 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	
TOTAL	104	MINUS	113	=	0
INDEP.	7	MINUS	7	=	0
[ ] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					

## SMALL ENTITY

RATE	ADDIT. FEE
x \$9.00 =	\$0
x \$42.00 =	\$0
+ \$140.00 =	
<b>TOTAL ADDIT. FEE</b>	<b>\$0</b>

OTHER THAN  
SMALL ENTITY

RATE	ADDIT. FEE
x \$18.00 =	\$*
x \$84.00 =	\$*
+ \$280.00 =	
<b>TOTAL</b>	<b>\$*</b>

☒ No fee is due.☐ A check for \$\* is enclosed, which covers the additional claims fee.☐ The Commissioner is hereby authorized to charge the additional claims fee of \$\* to Deposit Account No. \*, referencing attorney docket no. \*. A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 50-1947, referencing Attorney Docket No. CSI-2016CP1.

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Attorney for Applicant